

**Public Chapter 332**

**SENATE BILL NO. 1573**

**By Gilbert, Crowe, Haun, Person, Springer, Henry, Dixon, Burks, Kyle, Miller, Crutchfield, Williams, Fowler, Leatherwood, Atchley, Graves, Kurita, Haynes, Elsea, Carter, Cooper, Cohen, McNally, Mr. Speaker Wilder**

Substituted for: House Bill No. 1307

By Buck, Ralph Cole, Cross, McKee, McDaniel, Fraley, Ferguson, Patton, West, Hassell, Kerr, Ronnie Cole, Newton, Ford, Ritchie, Brown, Beavers, Ridgeway, Odom, Ulysses Jones,

Sherry Jones, Brooks, Bowers, Armstrong, Burchett, Gunnels, Clabough, Tindell, Bird, Haley, Robinson, Chumney, Brenda Turner, Langster, Hargett, Hood, Goins, Cooper, Givens, Pleasant, Walker, Pinion, Godsey, Tidwell, Stulce, Jackson, Mumpower, Hargrove, Arriola, Fitzhugh, Maddox, White, Sands, McMillan, Stamps, Kent, Whitson, Winningham, McDonald, Bone, Boyer, Bittle, Phillips, Sargent, Dunn, Mr. Speaker Naifeh

AN ACT To amend Tennessee Code Annotated, Title 56, Chapter 7, Part 26, relative to mandated insurance coverage.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 26, is amended by adding the following new section:

Section \_\_\_\_\_. (a) Notwithstanding any other provision of the law to the contrary, any individual, franchise, blanket, or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, health maintenance organization, preferred provider organization or managed care organization which provides hospital, surgical, or medical expense insurance shall provide coverage for equipment, supplies, and outpatient self-management training and education, including medical nutrition counseling, when prescribed by a physician as medically necessary for the treatment of diabetes.

(b) The provisions of this section are applicable to all health benefit policies, programs, or contracts which are offered by commercial insurance companies, nonprofit insurance companies, health maintenance organizations, preferred provider organizations, and managed care organizations, and which are entered into, delivered, issued for delivery, amended, or renewed after January 1, 1998. As used hereafter in this act, the term "health insurance carrier" shall mean a company or other legal entity whose health benefit policies, programs, or contracts are subject to the provisions of this act.

(c) The following equipment and supplies for the treatment of diabetes must be included in the coverage provided pursuant to subsection (a), when

prescribed by a physician as medically necessary for the care of an individual patient with diabetes:

- (1) Blood glucose monitors and blood glucose monitors for the legally blind;
- (2) Test strips for blood glucose monitors;
- (3) Visual reading and urine test strips;
- (4) Insulin;
- (5) Injection aids;
- (6) Syringes;
- (7) Lancets;
- (8) Insulin pumps, infusion devices, and appurtenances thereto;
- (9) Oral hypoglycemic agents;
- (10) Podiatric appliances for prevention of complications associated with diabetes; and
- (11) Glucagon emergency kits.

When test strips for blood glucose monitors are prescribed by a physician as medically necessary for a non-insulin using patient with diabetes, the coverage required by this act for such test strips for such patient shall be limited, in each calendar year, to twelve (12) bottles of fifty (50) test strips per bottle unless the health insurance carrier approves a larger quantity of test strips based upon a determination by the health insurance carrier that a larger quantity is medically necessary for such patient.

(d) For purposes of this section, the term “patient with diabetes” shall mean a person with elevated blood glucose levels that has been diagnosed as having diabetes by an appropriately licensed health care professional.

(e) To ensure that patients with diabetes are educated as to the proper self-management and treatment of their diabetes, diabetes outpatient self-management training and educational services, including medical nutrition counseling, must be included in the coverage provided pursuant to subsection (a), when prescribed by a physician for the care of an individual patient with diabetes. Diabetes outpatient self-management training and educational services, including medical nutrition counseling, shall be provided by physicians licensed under Title 63, Chapter 6 or 9, or, upon referral by a physician, by registered nurses or dietitians licensed under Title 63, Chapter 7 or 25, pharmacists licensed under Title 63, Chapter 10, who have completed a diabetes patient management program offered by a provider recognized by the American Council on Pharmaceutical Education and the Tennessee Board of Pharmacy, or other health care professionals licensed in the State of Tennessee that have expertise in diabetes management as determined by the health insurance carrier. The coverage required by subsection (a) for diabetes outpatient self-management training and education shall be limited to the following:

(1) Visits which are certified by a physician to be medically necessary upon the diagnosis of diabetes in a patient;

(2) Visits which are certified by a physician to be medically necessary because of a significant change in a patient's symptoms or condition which necessitates changes in the patient's self-management; and

(3) Visits which are certified by a physician to be medically necessary for re-education or refresher training.

Diabetes outpatient self-management training and educational services may be provided in group settings where practicable, and shall include home visits where medically necessary. A health insurance carrier may meet the requirements of this subsection by providing outpatient self-management training and educational services through licensed health care professionals with expertise in diabetes management who are employed by or under contract with the health insurance carrier.

(f) The benefits required by this section may be subject to the annual deductible and co-insurance established for all other similar benefits within a given policy, program, or contract of insurance, so long as the annual deductible and co-insurance for the benefits required by this section are no greater than the annual deductible and co-insurance established for all other similar benefits within that policy, program, or contract of insurance.

(g) A health insurance carrier shall not reduce or eliminate coverage due to the requirements of this section.

SECTION 2. Nothing in this act shall apply to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care or other limited benefit health insurance policies.

SECTION 3. This act shall take effect July 1, 1997, the public welfare requiring it.